

*Experience accumulated through the many years since classes for expectant mothers—and fathers—first proved their usefulness can be adapted for, and carried over into, group guidance projects in other health services. Leadership even more than technical competence is the important limitation upon the extension of this educational device.*

## Parents' Classes in a Maternity Program\*

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THE value of group teaching of parents' classes as a part of the total maternity program has been time-tested and should be unequivocally recommended as an essential part of any complete program.

It is over a generation since the first series of classes for expectant mothers was given in prenatal clinics. This program was sponsored by the Maternity Center Association in New York City. The general pattern of content and method of presentation used then has been adapted to similar programs in every state of the union and beyond.

What were the general over-all aims in designing such a program? It seemed important then, as now, to supply certain simple and basic knowledge. Such knowledge should include: the anatomy and physiology of the generative organs; the nature of the reproductive process; the changes, physical and emotional, which take place in pregnancy, labor, and the puerperium; the hygiene of pregnancy, including nutrition; the preparation for lactation; the nature of the newborn infant; the preparation of the layette; and the simple skills needed to give intelligent care.

Then too, the mother learned of community resources for her care and for baby follow-up and acquired an understanding of the kind of cooperation between herself, the doctor, and the nurse which might lead to the best possible outcome for her and her baby. Then, as now, an attempt was made to substitute knowledge for fear and to lend assurance by inspiring confidence. Sewing and knitting classes frequently served as a pivotal point on which an informal discussion might occur. Often the husband's role was wisely interpreted by encouraging him to share in preparation for the infant by designing and making simple nursery furniture.

In the good old days, the father did not enter into the picture until delivery was imminent in the home. The time-tested occupational therapy for father seemed to be the endless boiling of quantities of water. It has never been positively proved to what purpose this water was put but the psychological value is obvious.

Since the beginning of group teaching patterns, many changes in the education of children have been made. Some rudimentary study of biology and physiology have provided bases for building up a more advanced type of program in some areas. It might be stated, however, that in most cases, the rather fragmentary, half-forgotten mate-

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rial is at best only a small beginning. The readiness to learn engendered by the imminence of a dramatic change which will affect the lives of both parents is the best impetus to learn or review and relearn things previously studied.

Perhaps the greatest change since these classes were first introduced is the recognition of the psychosomatic approach to any problems of health and disease. Understanding the emotional components of pregnancy, labor, and delivery was best implemented in the philosophy of Grantly Dick Read, *Childbirth Without Fear*.

The timing of the first appearance of this concept was good. We had passed the pioneering stage in obstetrics when lifesaving methods were providing the basic structure upon which all care was built. Hospital delivery was the accepted trend of the day and the protection of mother and baby had gradually been secured by a series of regulations imposed upon the structure of maternity hospitals, often by departments of health. The aims and, in most cases the results, were salutary but the absentee control often resulted in the setting up of technics which separated the infant from his mother and his father, and the nurse from both. Instructions became rules, the center of which was the principle of aseptic and antiseptic technic. Gowns, caps, masks, separate personnel for mother and baby, architectural separation, and the relegation of the human factor to a minimum were the order of the day.

The discovery of the antibiotics, the use of less traumatic technics for delivery, careful asepsis in the delivery room, and the judicious use of transfusion had fundamentally changed the clinical picture. The further addition of early ambulation rendered many carefully formed routines obsolete. The essential quality of the slavish concept of asepsis over human values to the point of the

ridiculous, was epitomized in a rhyme which was entitled "Strictly Germ Proof" by Arthur Guiterman.

The Antiseptic Baby and the Prophylactic Pup  
Were playing in the garden when a Bunny  
                    gamboled up;  
They looked upon the creature with loathing  
                    undisguised,  
It wasn't Disinfected and it wasn't Sterilized.

It began to be recognized that there could be an intelligent use of the fundamentals of protection which did not require a top-heavy structure of rules which militated against the best interests of mother and baby. Added to this was the discovery that the large antiseptic nursery was not the answer to the deadliest of all infections of the newborn-infant diarrhea. This fact provided the loophole to implement the simplification of the involved technics to the point where it was possible to set up another modern concept, namely, "rooming-in."

So we had been overmechanized. J. B. Priestly best described this state. "Our modern mechanistic, overcrowded assembly line life is ruining us as thinking human beings. We are over-invented. We need to turn up some uninventors."

Read was surely an uninventor. He deprecates the use of anesthesia and excessive use of narcotics. The first reaction on the part of his medical colleagues was "horse and buggy." He believed the needs of the parent are paramount and that the average woman given proper preparation and emotional support would deliver herself and would derive inestimable satisfaction from this accomplishment, besides decreasing the hazards to the infant.

Through the sponsorship of the Maternity Center Association this controversial figure was brought to the United States where he made an indelible impression wherever he lectured.

His philosophy of care was adopted

as an experimental project at Yale's Grace-New Haven Hospital under the leadership of Dr. Thoms. The recognition of the success of this program is well known and the medical profession, spurred on by public demand, has accepted the program with varying degrees of enthusiasm.

The other arm of the Yale program followed the same uninventor's principle. The work of Gesell and Ilg, implemented by Dr. Jackson and others, resulted in an experimental project in rooming-in. This has been expanded from its original four beds and has been adopted in various other parts of the country at a continually increasing rate.

Both of these programs are dependent on the existence of an educational program and of a good patient-doctor and patient-nurse relationship. The exercise program taught to a group of nurses at Yale by Helen Heardman became incorporated in the prenatal program. It seemed to stimulate the whole teaching curriculum to include this segment of obstetric education.

Several books describing the method and outcomes of the Yale project were written by Thoms and Goodrich and have provided inspiration and guidance for others interested in setting up a similar program.

New York Maternity Center Association further promoted this program in their own parents' classes and provided instruction to staff and patients at New York Lying-In in the new technic.

There can be no doubt that this whole new development just did not happen. There was a well planned and well financed program intelligently operated. The press, the women's magazines, and the *Readers' Digest* printed articles to stir public interest and create a consumer demand.

The morning mail furnishes a clue to the increased demand for parent education. Many letters request an outline for a group of classes. Some seek in-

structors or training for their own personnel. Some doctors are teaching in their own offices using the group method and frequently the office nurse is delegated to teach preparation for labor to individuals or groups. Physiotherapists and latterly even beauty salons have been known to offer separate segments of this type of education.

Who should sponsor parent education programs? Who shall teach? What qualifications are needed and what type of teaching?

Let us consider the qualifications of the teacher. A graduate nurse with advanced preparation in maternity nursing and specific instruction in the content of parents' classes would be ideal, if she also possessed the technic of group leadership and interest and enthusiasm.

Obviously, the number of nurses so qualified will not be adequate even if university teaching centers cooperate in the development of such programs. The well qualified nurse can be responsible for inservice teaching programs of not-as-well qualified persons and can use supervised practice methods.

Physiotherapists can be most helpful if there is a professional nurse to cooperate in the provision of other learning, besides actual technics of exercise. There is danger of having fragmentary learning when using teachers without the qualifications of the clinical specialist.

The university teaching center is ideally suited for providing education in the total maternity content with the inclusion of those newer concepts and a thorough preparation in group handling.

The university can test the outcome by research methods and can have the assistance of the obstetric specialist in the development of the program. It is most important to have a mutuality of purpose in any group effort. Too often the nurse has taken responsibility for teaching programs which have won tacit

acceptance but little participation or active interest on the part of the physician.

The new obstetrics requires teamwork. There is often intellectual acceptance of a concept without emotional acceptance. The result is a dichotomy of purpose which militates against success in practice. The result is often confusion and frustration on the part of the patient.

The graduate of the advanced programs in maternity should assume the responsibility for teaching the basic student to participate in the total program, for there is no more enthusiastic protagonist for this newer concept for caring for the woman in labor. She enjoys working with the woman who has had preparation for labor and is thrilled when the laboring mother successfully delivers her infant.

Students generally have not been so stimulated by what they are pleased to call the routines in obstetrics. The more mature experience of actively assisting the patient during and after delivery offers more challenge. It also seems to make her project herself into the future in anticipation of her own experience in childbearing. More students have expressed enthusiasm for the newer concepts than have graduates.

Divested of many routine tasks by the patient's own assumption of responsibility for care and by the increased use of auxiliary personnel, the graduate nurse badly needs the substitution of new responsibilities.

New occasions teach new duties  
Time makes ancient good uncouth.  
They must upward still and onward  
Who would keep abreast of truth.

Where can we get the nurses who are willing and financially able to prepare themselves to meet the challenge afforded by the complex role as co-worker of the physician, friend, and tutor for the mother, and initiator of change in the framework she is to work in?

In the recent Congress on Obstetrics and Gynecology, Dr. Eastman has stated that: "The nursing profession has been the torch bearer in one of the most salutary efforts of our day, namely, the effort to reinstate childbearing as a natural function, to manage it with an understanding heart and, in so doing, to make the whole period of pregnancy, labor and the puerperium a happier, more wholesome and more emotionally rewarding experience."

Will the new challenge be tempting enough to win recruits? Can sufficient scholarships be made available to prepare them?

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